

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155241		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/21/2012	
NAME OF PROVIDER OR SUPPLIER FOREST CREEK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 525 E THOMPSON RD INDIANAPOLIS, IN 46227			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/21/12</p> <p>Facility Number: 000145 Provider Number: 155241 AIM Number: 100275110</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Forest Creek Village was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridors. The facility has battery</p>			K0000	<p>The facility is requesting a desk review for compliance. The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any vilation of regulation. This provider respectfully that the 2567 Plan of Correction be considered the Letter of Credible Allegation.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/14/2012
FORM APPROVED
OMB NO. 0938-0391

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	<p>operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 128 and had a census of 107 at the time of this visit.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage. The facility was found in compliance with the state law in regard to smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. Areas providing facility services which were not sprinklered included the walk-in freezer and two detached wooden sheds providing facility storage services.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/28/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on record review, observation and interview, the facility failed to ensure 1 of 1 walk in freezers in the kitchen were provided with an automatic sprinkler system to ensure sprinkler coverage in all portions of the building. This deficient practice could affect any staff or visitor in the vicinity of the kitchen freezer.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 10:40 a.m. to 12:20 p.m. on 08/21/12, sprinkler piping inside the kitchen freezer had the location of a former sprinkler head capped off so sprinkler coverage was not provided for the kitchen freezer. Based on interview at the time of observation, the Maintenance</p>			K0056	561.The walk in Freezer will be removed from the facility on September 14, 2012		09/19/2012

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	<p>Director stated the sprinkler head inside the kitchen freezer was leaking and removed in June 2012. The Maintenance Director stated the sprinkler head location in the piping was capped off in June and acknowledged the kitchen freezer was not provided with sprinkler coverage. Based on review of P.I.P.E "Work Order" documentation dated 06/11/12 with the Administrator and the Maintenance Director during the exit conference from 12:20 p.m. to 12:30 p.m., the sprinkler head location in the freezer was plugged on 06/11/12 because of a leaking pendant for which a replacement sprinkler head needed to be ordered. Based on interview during the exit conference, the Administrator stated the facility was to replace the freezer and acknowledged the kitchen freezer does not have sprinkler coverage.</p> <p>3.1-19(b) 3.1-19(ff)</p>						

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K0069 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review, observation and interview; the facility failed to ensure 1 of 1 kitchen exhaust systems was cleaned semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1 requires systems serving moderate volume cooking operations shall be inspected semiannually. This deficient practice could affect any staff or visitor in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on review of National Exhaust "Work Order" documentation dated 04/01/12 with the Maintenance Director from 9:20 a.m. to 10:40 a.m. on 08/21/12, documentation of semiannual kitchen</p>			K0069	<p>691. No resident was affected.2. All residents have the potential to be affected. The documentation for the hood cleaning for the 6 months prior to the 4/1/12 cleaning was not available in the facility but was requested from the vendor and a copy was emailed to the surveyor.3. The facility will continue to follow the preventative maintenance log. The Maintenance Director will be in-serviced (9/11/12) on maintaining copies of inspections in his log.4. E.D. will review preventative maintenance log monthly to ensure all reports are present. E.D. will report any findings to the CQI committee monthly ongoing.</p>		09/17/2012

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	<p>range hood cleaning prior to 04/01/12 was not available for review. Based on observation with the Maintenance Director during a tour of the facility from 10:40 a.m. to 12:20 p.m. on 08/21/12, National Exhaust had affixed one sticker to the kitchen range hood stating "Date Cleaned" as "04/01/12." Based on interview at the time of record review, the Maintenance Director acknowledged documentation of semiannual kitchen exhaust system cleaning prior to 04/01/12 was not available for review.</p> <p>3.1-19(b)</p>						